

**SAN DIEGO COOPERATIVE CHARTER SCHOOL
PARENT STAFF ASSOCIATION**



**CLASSROOM FUND
ADVANCE REQUEST**

Date of Request: _____ DATE CHECK NEEDED: _____

Payee:

Classroom Fund Source: _____

Requestor's Name: _____

Requestor's Signature : _____

**ONCE ADVANCE HAS BEEN SPENT, YOU MUST RETURN THIS
FORM WITH RECEIPTS ATTACHED**

Description of Expense (Please attach Receipts)	Amount
TOTAL EXPENDITURES	
(minus) ADVANCE RECEIVED	
(equals) BALANCE DUE*	

***If Balance Due is negative, Requestor must remit check, payable to SDCCS/PSA, to repay unspent portion of advance**

For Office Use Only

Expense Approved by: _____

Secondary Approval (for expenses exceeding \$250): _____

Payment by Check # _____

Date: _____